

DeKalb County

330 W. Ponce De Leon Ave
Decatur, Georgia 30031
(404) 371-2772
Fax (404) 371-2946



Department of Finance
Internal Audit and Licensing

HOTEL MOTEL EXCISE TAX REGISTRATION APPLICATION

Note: The information provided on this form will be used to establish an account or to update an existing account. Monthly excise tax reporting forms will be generated from this file.

Business Name: _____ **Account #:** _____

Street Address: _____

City/State/Zip: _____, _____, _____

Telephone No.: (____) _____ Fax: (____) _____

Manager's Name: _____ e-mail: _____

Mailing Name: _____ - _____ **ATTN:** _____

Mailing Address: _____

City/State/Zip: _____, _____, _____

Ownership

Type of Ownership: (check one below)

() Single Owner () Partnership () Corporation

Corporation Name: _____

Date Incorporated: _____ City & State where Incorporated _____

Owner's Name: _____ - _____

Owner's Address: _____

City/State/Zip: _____, _____, _____

Room Rental Information

Number of rooms available at the location shown above: _____ Ave. Daily Rate: \$ _____

Weekly Rate (range) \$ _____ to \$ _____ Monthly Rate (range) \$ _____ to \$ _____

The undersigned certifies to the best of their knowledge that this information is true and correct.

Print Name of Preparer

Signature of Preparer

Date Signed